

Mr Ragavendrawo Ramdoo & Mrs Bernadette  
Ramdoo

# Mill House

## Inspection report

51 Mount Pleasant  
Bilston  
West Midlands  
WV14 7LS

Tel: 01902493436

Date of inspection visit:  
17 September 2019

Date of publication:  
23 October 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Mill House is a care home providing personal care and accommodation to 24 older adults. Care is provided on two floors, with bedrooms and communal areas on both floors. Some of the people are living with dementia. The service can support up to 24 people.

People's experience of using this service and what we found

Medicines were not always managed in a safe way, when needed guidance for as required medicines was not always in place. People did not always receive their medicines as prescribed. Risks to the environment including infection control concerns had not always been assessed or identified. The audits completed in the home were not always effective in identifying areas of improvement. The provider did not always seek feedback from people living at the home or use this information to make changes. People felt there could be more to do and there was a lack of activities taking place during our inspection.

Some individual risks to people were considered and these were reviewed and some lessons were learnt when things went wrong. Staff understood safeguarding and when people may be at risk of harm. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice.

People were supported by sufficient kind and caring staff who had the relevant skills. Peoples independence was encouraged and their privacy and dignity maintained. Staff knew people well, the support they needed and their preferences. People enjoyed the food and were offered a choice. People had access to health professionals when needed.

Staff felt supported and listened to. There was a registered manager in place who understood their responsibility around registration with us. Complaints were responded to in line with the providers procedure.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (16 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

We have identified breaches in relation to the management of medicines and environmental risks. We also found concerns with the governance in the home as systems and audits were not always in place to identify areas of improvement.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Mill House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Mill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted the local authority for feedback on the home. We used all of this information to plan our inspection.

#### During the inspection

During our inspection we spoke with six people who used the service. We also spoke with three members of care staff, a senior member of care staff, the cook and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for five people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home.

After the inspection

We gave the registered manager the opportunity to send us outcomes of complaints that were not stored in the home. They provided us with these the following day. We also spoke with two relatives on the telephone.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Although people were happy with how they received their medicines, we could not be assured all medicines were administered as prescribed.
- We saw there were several gaps on people's medicines administration records (MAR). These were not identified through an audit and there was no way of checking to ensure these medicines had been administered.
- For one person it was recorded their medicine was out of stock for two days. We could not see what action had been taken to resolve this or why it was out of stock. There was also gaps on the MAR for the next two days and no explanation as to if this was back in stock or if this medicine was administered.
- When people received 'as required' medicines there was not always guidance known as PRN protocols in place for staff to follow. This places people at an increased risk of not receiving these medicines when needed.
- The registered manager told us there were directions on the MAR for staff to follow. However, for some medicines we could see this was in place however for others it was not. One person had been prescribed a medicine 'at night or alternate nights'. The MAR had been crossed out by staff and the medicine was being administered every other night. No consideration had been made to how the person had been on that day and if they required this medicine or not. There was no guidance in place advising what this medicine was for and when the person would require it.
- Another person was prescribed a food supplement daily. There were no signatures on the MAR and no indication the person had received this. The registered manager told us this was 'as required' when the person did not eat, however there was no documentation to support this. No one could assure us this person was receiving this supplement.
- Medicines were not always safely stored. Despite there being a locked room for the medicines trolley to be stored in, we saw this was stored in 'the quiet room' on the upstairs floor. Although it was locked this was a communal area that people could access. We shared our concerns with the registered manager.

### Preventing and controlling infection

- Improvements were needed to ensure cross infection was minimised. For example, we saw overflowing baskets of dirty washing in communal areas such as the bathroom.
- Due to the size of the laundry dirty washing was also stored in the corridor area next to the laundry room.
- There was nowhere that soiled clothes could be washed or stored separately by the laundry staff, this increased the risk of contamination.

### Assessing risk, safety monitoring and management

- Environmental risks in the home had not always been fully considered. We saw there were various areas in the home in need of repair for example, tiles were missing from the bathroom walls, peddles on bins were broken, switches on radiators were broken, shades off lights were missing and carpets bars were missing providing uneven surfaces. Although some of these were repaired during our inspection there were no risk assessments in place to consider these risks or an action plan to identify these areas of improvement.
- When people had been prescribed thickener for their drinks this was not securely stored. We saw this was frequently left in communal areas within the home where people could access this. This placed people at an increased risk of potential choking. We discussed this with the registered manager who acknowledged this happened and that a system for storing this needed to be implemented.

We found no evidence that people had been harmed however, medicines were not always safety managed and environmental risks including infection control were not always considered. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe living at Mill House. One person said, "Yes, I feel safe. The way they look after me, makes me feel safe." All the relatives we spoke with raised no concerns about safety.
- Individual risks to most people's health and wellbeing were considered, assessed and regularly reviewed. For example, people had plans in place to manage choking risks and diets.
- However, seven people had recently moved into the home from another care home. The registered manager told us, and the local authority confirmed not all the necessary information about these people were yet in place.

### Learning lessons when things go wrong

- The provider had some systems in place to ensure lessons were learnt when improvements had been identified. For example, when medicines errors had been identified a 'medication error review' was completed to identify why this may have occurred and how this could improve in the future. However, the last one had been completed in March 2019.

### Staffing and recruitment

- Although we received mixed views about staffing levels in the home we saw there were enough care staff available and people did not have to wait for support. One person said, "I think so, there are enough staff." Another person told us, "Not always enough staff. They do their very best especially if they are busy."
- When people were in their rooms and pressed their buzzers for assistance these were promptly answered by staff.
- There was a system in place to ensure the correct amount of staff were working in the home. This was regularly reviewed, and the registered manager confirmed that staffing levels could be increased or decreased when needed.
- We looked at four staff files and saw pre-employment checks were completed before the staff could start working in the home.

### Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately in line with these procedures.
- Staff knew how to recognise and report potential abuse and confirmed they had received safeguarding training.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- We found capacity assessments were in place for people when needed and decisions had been made in people's best interests.
- Staff demonstrated an understanding in this area.
- The provider had considered when people were being unlawfully restricted and DoLS applications to the local authority had been made. There were no conditions on the DoLS we reviewed.

### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's gender, culture and religion were considered as part of the assessment process.
- People's physical, mental and social needs were holistically assessed and considered.

### Staff support: induction, training, skills and experience

- Staff received training and an induction that helped them support people. During our inspection we spoke with two staff who had recently started working at the home. They both told us they had received an induction and had the opportunity to shadow other staff.
- Staff had adequate skills and experience to fulfil their role. One person said, "Yes they have the training to support me." A relative told us, "The staff seem to know what they are doing. They know my relation very well, how to support them and use the equipment they need."

### Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food and were offered a choice. One person said, "It's quite good the food, nicely done. The temperature of the food is okay."
- At breakfast and lunchtime, we saw people had a variety of meals. People were offered meals consistent with their preferences for example, when they were vegetarian.

- People were offered a verbal choice of drinks with their meals and throughout the day.
- People were also offered a choice where they would like to eat. Some people chose to eat at the dining room table whereas others preferred a smaller table in front of them in the lounge.
- People's dietary needs had been assessed. When people required specialist diets we saw this was provided for them in line with recommendations that had been made from health professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other services and professionals to ensure people received care which met their changing needs. For example, people were reviewed by speech and language team and physiotherapists.
- People had access to healthcare professionals and their health and wellbeing was monitored. One person said, "If I am not well they call the doctor. The optician has come in to see me."

Adapting service, design, decoration to meet people's needs

- People had their own belongings in their bedrooms.
- The home had been adapted to consider people's needs. There was a lift for people to use, handrails were in place around the building and hoists and other equipment were available for people.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated in a kind and caring way. One person told us, "They are kind and caring. I always think it's how you treat the staff," A relative commented, "The staff are very good, they work really hard and treat my relation very well."
- We saw people received support from staff when they requested it. For example, one person was uncomfortable in their chair, so staff put a pillow behind them to make them more comfortable. The sun was in some people's eyes, so staff closed the curtains to protect them.
- Staff knew about people's preferences and backgrounds and were able to give accounts of people.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices about their day. One person said, "I can go to bed when I want."
- The care plans we looked at considered choices and preferences throughout and staff provided support accordingly.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was promoted. One person said, "They treat me with dignity and respect. The carers cover me when washing me."
- Staff respected people's privacy. For example, staff knocked on people's doors before entering.
- People were supported to be independent. One person said, "They encourage me to do what I can."
- Records we reviewed reflected the levels of support people needed.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed views on the activities in the home. One person said, "I talk to the staff and listen to the television. I walk up the street with a carer". Another person told us when we asked what they did, "Nothing really. I go out to the garden."
- During our inspection no activities took place. People slept for long periods of time. The television was on for people to watch, however many people were not watching it. When staff were present in the communal areas they were often completing paperwork or sitting talking with people.
- There was an activity planner in place that stated on the morning of our inspection a quiz was planned however we did not see this happen. The registered manager was unable to provide an explanation.
- There were no activity coordinators in post and the registered manager told us they did activities with people. They showed us a folder which demonstrated when some people had been out in the community.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well. People and relatives confirmed this. One person said, "They do know my preferences."
- People had care plans which were personalised and reviewed. Staff told us care plans had the necessary information in they needed to offer support to people.
- Staff had the opportunity to attend handover at each shift where they could share information and changes about people. Staff told us they found this good and the information shared was up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the Accessible Information Standard.
- People had information in their files to ensure staff had information available about how they communicated. Staff were able to tell us how people preferred to communicate.
- The registered manager told us information was available for people should they require it in their chosen format.

Improving care quality in response to complaints or concerns

- People and relatives felt able to complain. One person said, "I would complain if I needed to." A relative

told us, "The provider is very responsive if we needed to contact them."

- The provider had a complaints policy in place.
- We saw when complaints had been made the provider had responded to these in line with their policy.

#### End of life care and support

- There was no one currently being supported with end of life care. There was some guidance in place that considered people's preferences and request in relation to end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Whilst there were some audits in place, these were not always effective in identifying areas of improvements and not always consistently completed.
- For example, the last medicines audit had been completed on 29 July 2019. None of the concerns we identified during our inspection in relation to medicines had been identified by the registered manager or the provider.
- For the seven people who had recently moved into the home, there was no effective system in place to show what medicines these people came with or what should be in stock.
- A cleaning audit and a cross infection checklist had been completed in September 2019. However, this had not identified the environmental concerns we found under 'safe'.
- The cross-infection checklist had identified the concerns with the laundry. It stated, 'Laundry not big enough for effective segregation'. However, there was no action recorded and the registered manager could not provide an explanation as to how this would be improved.
- A care plan audit was being completed. This had a tick or cross next to the month. There was no detail what was looked at during this time. There was no explanation as to what this meant and what action would be taken.
- There was no system in place to ensure thickeners were safely stored.

### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they had not been asked to provide feedback on the home. One person said, "They have not so far." Other people told us resident meetings did not take place.
- Dates of relatives/resident's meetings were displayed around the home. The registered manager told us as these had low turn outs they did not usually take place.
- The registered manager also told us they had sent some surveys to people however had not collated this information. Feedback had been sought for people in 2018 however there was no evidence how this information had been used or had made changes to the home.

We found no evidence that people had been harmed however, audits were not always consistent or effective in identifying areas of improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff spoke positively about the management team and the support they received. One person said, "I know the new manager. She comes to see us sometimes. I can talk to the manager."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt supported. They had the opportunity to raise concerns by attending team meetings and individual supervisions. One staff member said, "We can raise a concern if we need to, the provider also comes every week."
- The registered manager ensured we received notifications about important events so that we could check that appropriate action had been taken.
- The rating from the previous inspection was displayed in the home in line with our requirements.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Audits were not always consistent or effective in identifying areas of improvement. |



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Medicines were not always safety managed and environmental risks including infection control were not always considered. |

### **The enforcement action we took:**

Warning Notice